CASE OF
VESICO-VAGINAL FISTULA,
SUCCESSFULLY TREATED.

By WM. BAXTER, Esq., Surgeon, London.

Of those maladies which are unaccompanied by severe pain, few are more distressing than a fistulous opening of the bladder communicating with the vagina, and leaving the wretched sufferer to drag out a miserable existence for the remainder of her life. Notwithstanding the improvements which have been made in the treatment of fistulous apertures connected with other parts, it is notorious that this complaint, when seated high up in the vagina, or close to the uterus in its natural situation, is one of the *opprobria* of the healing heart, and if seated in or near the meatus urinarius, is extremely difficult to cure. That it is not, however, entirely hopeless under a nearly total disorganization and obliteration of the vagina and os uteri, and that human suffering may be greatly mitigated, is illustrated by the following case:—

Mary Connors, a coachman's wife, 23 years of age, visited me in June, 1832, and expressed an anxious desire that I would relieve her from a constant dribbling of her water. She stated that she was taken in labour on Wednesday, Nov. 25, 1831, and was delivered by a physician-accoucheur, on the Friday following, by means of instruments; that during the three succeeding weeks pieces of dead flesh came away; that she was afterwards seen by Dr. Davis, of Saville-row, and other professional gentlemen, by whose advice she was removed to the *Middlesex Hospital*, on the Tuesday after Christmas-day, where she remained six weeks; and being subsequently informed that her case was hopeless, she left the hospital in Feb. 1832.

Upon examination, I discovered that the vagina was obliterated, the os uteri being merely an aperture in the anterior wall of the remains of the vagina, about an inch from the os externum. There was a fistulous opening into the bladder, of the depth of somewhere about three lines, the distance of the third of an inch above and before the os uteri, the length of the fistula being above half an inch transversely, its breadth a quarter of an inch, the distance from the fistula to the orifice of the urethra about an inch, and the urethra itself impermeable, having been obliterated by adhesive inflammation throughout its whole length.

After such destruction and alteration of parts, (and she might be considered as exceedingly fortunate in having so far recovered), it seemed absurd to think of attempting to employ any method of relief. Her anxiety, however, to undergo any operation rather than remain a nuisance to herself and to those around her, induced me to attempt to

re-establish the urethra, to retain a catheter which should not escape, and, lastly, to close the fistula.

I requested Mr. Weiss to fasten a small circular rim of Indian-rubber to the extremity of an elastic catheter, and directed the patient to lie on her knees and elbows, and, with the aid of Mr. Chippendale, to separate the labia. Having re-opened the urethra by means of a large trocar, and dilated it with Weiss's female dilator, I introduced the capped extremity of the catheter, through the prongs of the instrument, into the bladder, taking care to fix it by means of tape, tied, before and behind; to another piece of tape, applied, rather tightly, around the body, above the hips, and to cut off the other extremity of the catheter, close to the labia. Having plugged the hollow space with lint, I directed her to lie *constantly on her face*.

Symptoms of irritation arose, which were controlled by aperients, &c., and in the mean time the urine continued to flow through the catheter, being caught in a flat utensil, lying under her. Subsequently, a muco-purulent fluid was discharged through the catheter, which was remedied by *liq. potassæ*, and small doses of *bals. capivi*.

Perceiving that the catheter at the end of a fortnight was coated, and partly destroyed, I removed it, and introduced a simple elastic catheter, fastened by tapes, like the last, and lest the extremity should rise above the internal orifice of the urethra, I slit the side of the catheter, downwards, about an inch, and cut out a piece, longitudinally, two lines in breadth, changing this as often as it became corroded; but its retention was very difficult, and obliged me to replace it, sometimes twice a day. During this time I scarified the edges of the fistula, occasionally, without any effect. I also applied oxy-muriate of mercury, in fine powder, to the edges, occasionally, with the same want of success.

I now constructed an iron instrument, of the shape of the aperture, though small in size, and heated it to redness. Then, allowing it to change colour, I applied it to the hardened surfaces, in the quickest possible manner, so as to slightly vesicate them,—the patient lying as in the first operation, and an assistant separating the labia. After repeated applications of the cautery (as often as every ten days, and sometimes oftener) the fistula became gradually smaller, and the surrounding parts underwent a proportionate change, by means of which I was obliged at last to use a cautery which was not larger than a needle. The fistula having thus far progressively diminished and closed, she discontinued the use of the catheter, and gradually regained the power of retaining more than a wine-glass of urine, at which time a bustle (pin) would not enter the fistula; and as she was so far restored,

she left London, in June, 1834, to visit her relations in Ireland.

Fig. 1 represents the relative situation of the parts when I first examined the patient

upon her knees and elbows. 1. The urethra, obliterated. 2. The fistula. 3. The os uteri. 4. The anus.

Fig. 2 represents, 1. The urethra, whose situation should have been a little nearer the clitoris. 2. The fistulous aperture. 3. The os uteri. 4. The anus.

The change which the adjacent parts underwent during the healing process, brought the relative distances of the meatus urinarius, the fistula, and the os uteri, nearer to each other, which is attempted to be shown in the sketch fig. 2, and for which I am indebted to the kindness of Mr. Shewbridge. In attempting a description of this confusion of parts I should observe, that the os uteri was nothing more than a small aperture, which would admit the introduction of no instrument, and through which the menses flowed, bearing no resemblance whatever to the os uteri in the healthy state, there being no cervix visible; the latter was wholly imbedded in the surrounding mucous lining, which formed the walls of the small hollow space in continuity with the os externum. In accounting for this change it has appeared to me, that a total loss of the vagina was occasioned by sloughing; and, by the weight of the uterus, a greater approximation was effected, and the healthy parts granulated near the os externum; or there was nearly a total loss of the anterior wall of the vagina, with the parts granulating by the descent of the uterus, and a doubling of the posterior wall upon itself, and, finally, also, granulation. I am inclined to think that the latter was the case, from the fact of there being an opening, admitting a probe, two inches towards the uterus, which closed spontaneously during the cure.

I cannot close the account of this case without regarding the position of the patient as of great importance, in favouring the escape of the urine through the catheter, a circumstance which has been wholly disregarded hitherto, or previous to the treatment of this case, though it is one which anatomy points out as absolutely essential. With respect to the application of the ligature, combined with scarification, it might succeed, perhaps, in fistulae of the urethra, where they are small in size; but the known fact of ulceration is a sufficient objection in fistulae of large dimensions, widely separated, as well as hardened, and consolidated by slow previous inflammation. There is an affection of horror and repugnance on the part of some surgeons to the use of heated iron; they decry it as an infamous and barbarous practice, yet those gentlemen have no scruple in tearing parts asunder with the knife, as if any instrument was not "barbarous" in barbarous hands. That patients would object to it, and that surgeons would have difficulty, according to the magnitude and seat of the affection, of controlling its application, I will readily admit; yet so far

as pain is concerned, there is very little, supposing the instrument to be dexterously managed, because the parts are wetted with urine, which takes off the severity of the heat. In truth, this woman would often beg me to use it, that she might be the sooner relieved from the tedium of lying in bed, where she had remained, constantly, on her abdomen, for twenty-two months, previous to the last seven or eight of which Sir B. Brodie paid her a visit, and expressed himself highly gratified at the favourable issue.* The number of times that I used the cautery, which, latterly, was so small as not to amount to more than the prick of a pin, probably many have been upwards of fifty.

1, Queen Charlotte-row, New-road.

THE MEDICAL ENACTMENTS IN THE POOR-LAW AMENDMENT ACT.

To the Editor of THE LANCET.

SIR:—The pious Tories and the virtuous Whigs are both bidding highly for “PUBLIC SUPPORT;” both parties being at last satisfied of its necessity to the ascendancy of either. As that is now sole and indispensable, which was once merely ascititious, it ought to go hard but the people better their instructors, and obtain advantages in every possible way; to our profession, the present opportunity of obtaining some abatement of the hard measure dealt out to it by the poor law amendment act, is of the greatest value; and as the *good cause* is safe, irrespective of *parties*, we ought to remember that, “whether he kill Cassio, or Cassio him, or each do kill the other, every way makes our gain.”

There are two kinds of opposers to the “amendment act;” one, the politicians, who make the sufferings of the poor a stalking horse for advancing *party* interests, by prejudicing the cause of their adversaries; these care as much about the poor as they do for the true cross, except inasmuch as they rather rejoice in misery which may enlist popular clamour on the side of sordid and selfish interests. The other opponents of the “amended” law are rational and conscientious men, who had been long convinced of the demoralising results arising from the vicious *administration* of the old law, but who see in the new statute not an adequate nor an appropriate remedy, and who believe that a part of the evil is corrigible by an improved *administration* of the

poor law as it stood before the brutal and quackish “amendment,” and by an alteration of the law of settlement. To which may be added, the greater and remoter advantages of changes in modes of taxation, and that improvement in all social institutions which must accrue to the course of time and the far wider diffusion of education.

This sect of believers includes the majority of the medical profession, men who are convinced that there are other and higher aims included in the duties of its practice than merely living by it. In administering the new poor law, the commissioners have pragmatically interfered with the practitioner, and have treated his complaints with the most supercilious indifference; in all of which impertinence they have been abundantly encouraged by *their* secretary of state at the home-office. From their dream of irresponsibility they are now, however, awakened, as is proved by their temporising with the hostility of more than one metropolitan district; in the country they have enjoyed an impunity which is rather the result of self-desertion by the profession, than of the courage of the commissioners; true, they threatened to flood the provinces with immature practitioners, in event of the existing and long established ones being refractory under the despotism of the satraps of Somerset House. Nor has this threat always been idle, or its execution without results which must have been anticipated, and, doubtless, desired, and to which the commissioners have shown a dignified and christian indifference.

These, and some other reasons, unnecessary to recite, convince me, that if medical men avail themselves of the present and coming opportunities, they may essentially ameliorate the pernicious operation of the new poor law on the profession, and, what I think is of infinitely greater consequence, counteract the heartless malignity of its intention and effects upon the poor. The Tories, quite oblivious of their guilty participation in the new enactment, are agitating against it for the disinterested purpose of embarrassing the Whigs. As the rival faction sees the value of this statage to its opponents, it cries for quarter, and deprecates such tactics by a warning, which may not be lost upon the tory party, nor should it upon ourselves. Some significant abatement of the recent national prosperity, and the inevitability of a still greater defection,—the advent of a winter not irrationally expected to be more than usually severe,—excite in one faction the humane hope that the sufferings of the poor may become sufficiently intolerable to render the continued operation of the poor law impracticable to its promoters, who, until its operation became hateful, honourably claimed the undivided immortality of its paternity, but when, as now, the thing is seen to be “too bad,”

“14, Saville-row, Oct. 5, 1835.

* “DEAR SIR:—I believe that I saw Mary Connors when she had been about fifteen months under your care, at which time the opening between the vagina and the bladder was very nearly, but not entirely, closed. I am, dear Sir, yours truly,

“B. C. BRODIE.”

“To Wm. Baxter, Esq.”